



Moray Alcohol and Drug Partnership

RECORD OF MEETING

TASK GROUP NAME:	MADP Partnership
CHAIRPERSON:	Jane Mackie – Head of Integrated Services
DATE OF MEETING:	26 March 2018
LOCATION:	Unit 9a, Southfield Drive, Elgin
APOLOGIES:	<p>Peter Adamson Trading Standards Manager, Licensing Standards – MC Susan MacLaren Head of Integrated Children’s Services (MC) Willie Findlay Community Safety Officer - MC Elidh Brown TSi Moray Laura Sutherland Acting HIT Lead & Advanced Area Public Health Co-ordinator - NHS</p> <p>Elaine Logue Police Scotland Emma Johnston Service Co-ordinator - Quarriers Dr Tara Shivaji Consultant in Public Health Tracey Gervaise Health & Wellbeing Lead – NHS Grampian</p>
ATTENDING:	<p>Joyce Lorimer Service Manager - MC David Munro Housing Services Manager – MC Alasdair Pattinson General Manager Dr Gray’s Hospital - NHSG Vivienne Jamieson ED Nurse, Dr Gray’s - NHSG</p>
MINUTES:	Louise McKenzie MADP Administrator

AGENDA ITEM/TOPIC	ACTION POINT	ACTION BY
1. Welcome and Apologies	Jane welcomed everyone to the meeting and apologies were noted as above.	
2. Previous Minutes & Matters Arising	The minutes of the previous were approved. Matters Arising from Previous Minutes	

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	<p>Budget Paul informed the advice from Scottish Government regarding the 2018/19 budget is that ADP's base the amount on that received in 2017/18. This has not yet been confirmed therefore the 2018/19 budget should be considered as draft until confirmation has been received from Scottish Government.</p> <p>Integrated Children's Services Paul met with Iain MacDonald, Children's Wellbeing Manager and it was agreed that the MADP would not continue to fund the Substance Misuse: Pregnancy and Early Years' service.</p> <p>A critical review will be undertaken on how learning can be embedded into practice.</p>	
<p>3. MADP Development Session</p>	<p>Paul and Elidh were due to facilitate a session following on from the MADP Development day in September 2017 but due to the number of apologies for this meeting Jane informed there was not a lot we could do.</p> <p>Jane suggested Paul capture the key issues and circulate to members as a reminder.</p> <p>As we are struggling to get people round the table on a regular basis Joyce suggested producing a re-draft of what members would like MADP to look like. Jane and Joyce both informed they would be happy to meet with Paul to discuss.</p>	
<p>4. Alasdair Pattinson – General Manager, Dr Gray's Hospital</p>	<p>Alasdair Pattinson, General Manager at Dr Gray's came to the meeting to introduce himself and to share a discussion between himself and Paul Johnson.</p> <p>Alasdair has been at Dr Gray's Hospital for 10 months. He has not previously been involved with ADP's and is keen to engage.</p> <p>Alasdair informed that Dr Tunnard, Emergency Medical Consultant is a new addition to Dr Gray's Hospital and hopes to create time and support to look the issues. Also keen to link in are Vivienne Jamieson, Emergency Department Nurse (previously alcohol liaison nurse) and Dr Miller, Medical Consultant. Alasdair stated he will speak with the Charge Nurse to confirm if Vivienne can be the contact.</p> <p>Jane suggested that the Arrows and MIDAS service get involved as not wanting to get lost in MADP plan. The MADP and Dr Gray's would still be involved in strategic planning.</p> <p>Vivienne highlighted some of the difficulties the Emergency Department have:</p> <ul style="list-style-type: none"> • Directing to Arrows and Quarriers as this is not always what the patient wants. • Issues at the weekend – drug users coming in saying they haven't collected their prescription and asking for medication • Regulars who come in every day/week 	

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	<p>Jane suggested Joyce construct an agenda for a clinical meeting to discuss.</p> <p>Vivienne also spoke about young people under the age of 16 using substances. One to two people per day are coming in with an alcohol or drug issue. Following a short discussion it was suggested that</p> <ul style="list-style-type: none"> • Clinical discussions should take place in order to find out about under 16's. • Ensure A & E know who the key contacts are. • Check systems are in place and are being followed through. <p>Alasdair suggested linking in with pediatricians.</p> <p>Vivienne confirmed that information about what type of drugs people are taking can be provided as drug tests are carried out.</p>	
5. Delivery Plan - targets	Paul has gone down the Lead Agency column on the Delivery Plan targets and advises there is still a lot of baseline data to be confirmed. Once the baseline data is received a target will be set.	
6. MADP Needs Assessment – 1st Draft	<p>Paul gave an update on the MADP Strategic Needs Assessment. The data is reasonably robust and informed there is significant amount of work to be done on the text.</p> <p>The Assessment will be completed within the next month.</p>	
7. Feed from Sub-groups	<p>Finance/Commissioning/Management & Performance</p> <p>Children & Young People</p> <p>Workforce Development</p>	
8. AOCB	None.	
9. Date of Next Meeting	The next MADP Partnership meeting is scheduled for Monday 30 April 2018, 10:00 – 12:00 in unit 9a, Southfield, Elgin	

Actions

- Paul to capture key issues from development day and circulate to members as a reminder
- Paul, Joyce and Jane to meet to discuss MADP development.
- Joyce to construct an agenda for Clinical meeting.